

Experience:

Sl No	Office/Institution/Department	Post Hold	Nature of Job	Period(From-T0)

Reference Persons:

Sl No	Name with full Address	Designation and Office address	Mobile No	E Mail ID
01				
02				

Place:

Date:

Signature in full

DECLARATION

I hereby declare that

IS/W/O Age.....Yrs

Permanent resident of Vill.:PS.:.....Distt.....

here by declare with my best knowledge and belief that

1. I have applying for appointment on the Post of
2. All informations noted above are true and I will be responsible for any wrong entries of informations provided in this application form for appointment.
3. I have attached self attested papers of my degree, diploma and experience ,which are true and I will be responsible for any false.
4. If an opportunity is provided me to serve on the post ,I promise to not leave the program within a year without any proper causes and prior information and approval from the head of the SURAJE. If I will resign or left the Post, I will be liable to refund total amount received within this period with an interest of Rs 10% pa and not claim for any outstanding amount.
5. I will do in the best interest of the Organization and the Clients as per guide lines of the program and guidance of the organization during the work I will not join any other organization. If needs to join better position I will inform immediately.
6. I will keep confidentiality of the work and do nothing against the interest of the targeted group with whom work.

I am signing here with sound health and mind without any pressure and convincing.

Place:

Date:

Signature in full

Enclosures: (Enclose self attested Xerox documents and Papers and produce originals at the time of interview)

Sl No	Details of Documents	No of Pages